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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/783,224		
Filing Date	2/14/2001		
First Named Inventor	Steven Slawson		
Art Unit	2872		
Examiner Name	Thong Q. Nguyen		
Attorney Docket Number	281_345 US01		

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application.				
☐ A Power of Attorney is submitted herewith.				
OR				
☑ I hereby appoint the practitioners at Customer Number : 72,742				
☑ Please change the correspondence address for the above-identified application to:				
☑ The address associated with Customer Number:		70.740		
Customer Numi	oer:	72,742		
OR				
☐ Firm <i>or</i> Individual Name	Hiscock & Barclay, LLP			
Address				
City		State	ZIP	
Country				
Telephone		Email		
I am the:				
☐ Applicant/Inventor.				
☐ Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature (Ma	is Hracel		All the second s	
Name Chris Hor	e Chris Horacek			
Date U -	11-08	Telephone	315-685-4551	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (09-06)
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STATEME	NT UNDER 37 CFR 3.73(b)			
Applicant/Patent Owner: Welch Allyn, Inc.				
Application No./Patent No.: 6,830,347				
Entitled: EYE VIEWING DEVICE COMPRISING EYE CUP				
Welch Allyn, Inc.	•			
· · · · · · · · · · · · · · · · · · ·	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)			
states that it is:				
1. the assignee of the entire right, title, and interest; or				
2. an assignee of less than the entire rig				
The extent (by percentage) of its or in the patent application/patent identified above by	•			
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>011556</u> , Frame <u>0769</u> , or for which a copy thereof is attached.				
OR				
B. A chain of title from the inventor(s), of the poshown below:	atent application/patent identified above, to the current assignee as			
To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
From: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
3. From: To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.				
Additional documents in the chain of title are listed on a supplemental sheet.				
☐ Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]				
The undersigned (whose title is supplied below) is	authorized to act on behalf of the assignee. $\mathcal{U} - \mathcal{U} - \mathcal{D} \mathcal{F}$			
Signature	Date			
Chris Horacek	315-685-4551			
Printed or Typed Name	Telephone Number			
Vice President				
Title				

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